



Purchase Voucher

Agency: 529
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01081530

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS, TX 78730-5115

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Freight Amount: \$0.00
Gross Amount (includes Frt.): \$762,500.00
Discount Amt Taken: \$0.00
Payment Amount: **\$762,500.00**

FOLD HERE

| Line | PO ID | PCC | RTI | Invoice ID | Invoice Description | AMOUNT |
|--|-------------|------|-------|------------|---------------------------------|--------------|
| 1 | 0000088840 | 0 | | TPCN 12.8 | ALTERNATIVES TO ABORATION-TEXAS | \$762,500.00 |
| ShipTo ID Non-HHSAS Cntrct ID | | | | | | |
| 2010 | | | | | | |
| Contract # Wkfc Org PmtDt IC RC | | | | | | |
| 529-10-0013-00001 N | | | | | | |
| Invoice DT: 03/21/16 Req'd Pay DT: | | | | | | |
| Inv Recv'd DT: 03/21/16 Pay Due DT: 05/01/16 | | | | | | |
| Service DT: 04/01/16 P O DT: 11/12/15 | | | | | | |
| Account | Entry Event | Fund | Dept. | Program | Class | Budget Ref |
| 1.1 | 725300 | 0001 | 716 | 5016 | 03138 | 2016 |
| Open Item Key: | | | | | | |
| Pri/Grant TANF100F | | | | | | |
| Amount \$762,500.00 | | | | | | |
| Conf:N | | | | | | |
| Certified Amt: 0.00 | | | | | | |

Descriptive Legal Text (DLT Comments):

DOS: APR 2016

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

APR 26 2016

03/29/2016

Approved By

Approver Phone(Area+Number)

Date Approved

Date Entered into HHSAS

Wagner, Cathy J (ONL UID)

Approved By

Approver Phone(Area+Number)

Date Approved

Entered By

Contact Name

Contact Phone(Area+Number)

Contract Vendor Invoice Payment Request



HHSC Office of Social Services
Community Access & Services

Alternatives to Abortion-Texas Pregnancy Care Network

The attached invoice is approved for payment.

| | |
|------------------------|------------------------------|
| Invoice Date: | 3/21/16 |
| Invoice Number: | TPCN 12.8 |
| Dept. ID/Speedchart: | 716 |
| Object Code: | 725300 |
| Contract Number: | 529-10-0013-00001F |
| Contract Name: | Texas Pregnancy Care Network |
| TIN: | 1760802397 |
| Mail Code: | |
| Purchase Order Number: | 52900-6-0000088840 → line 02 |
| Month of Service: | April 2016 |
| Amount: | \$ 762,500.00 |
| Month of Service: | |
| Amount: | |
| Month of Service: | |
| Amount: | |

| | |
|---------------------------|--------------|
| Invoice Received Date: | 3/21/16 |
| Payment Due On or Before: | *May 1, 2016 |

| | |
|---------------|--------------|
| Total Amount: | \$762,500.00 |
|---------------|--------------|

| CONTACT | DATE |
|---------------------------------|-----------|
| Preparer's Name: Andrea Costley | 3/23/2016 |
| Preparer's Phone: 512-206-5624 | 3/23/2016 |

HANH NGO
512-487-3389

| FINANCIAL MANAGER | DATE |
|---------------------------------------|-----------|
| Beth Zahn | 3/23/2016 |
| 512-206-5111 | |
| SIGN-OFF | DATE |
| Agency Contract/Preparer's Signature: | 3/23/2016 |

MAR 29 2016



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Andrea Costley
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

Amounts due may be remitted
by Electronic Funds

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615**Account:**

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.8

Invoice Date: March 21, 2016

Due Date: April 30, 2016

For Professional Services Rendered:

RE:

Contract Number: 529-10-0013-00001F

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed on or about February 29, 2015 (attached).

Payment 12.8: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: April 30, 2016

\$762,500.00

Amount Due

\$762,500.00

Section 1.06 Modification to Section 4.02 General Payment Terms.

This is a modification to Section 4.02 of the Original Agreement. HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 for the work performed in accordance to this Amendment.

(a) Payment Methodology

HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 as applicable.

(b) Payment Schedule

| Payment No. | Description | Due Date | Amount |
|-----------------|---|---------------------------|-------------------------|
| 12.7 | Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services | March 31, 2016 | \$762,500.00 |
| 12.8 | Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services | April 30, 2016 | \$762,500.00 |
| 12.9 | Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services | May 31, 2016 | \$762,500.00 |

ARTICLE II. REPRESENTATIONS AND AGREEMENT OF THE PARTIES

The Parties hereto contract and agree that the terms of the Original Agreement, Amendment One, Two, Three, Four and Five shall remain in effect and continue to govern except to the extent modified herein. By signing this Amendment Six, the Parties expressly understand and agree that Amendment Six is hereby made a part of the Original Agreement as though it were set out word for word therein.

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

| | | |
|--|--|-----------------------------------|
| Payment Terms Net 30 | Freight Terms FOB Dest. Prepaid & All BEST WAY | Ship Via Purchase Order |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. | | |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | |

52900-6-0000088840

| | | |
|-------------|-----------------|-------------|
| Date | Revision | Page |
| 11/12/2015 | 3 - 03/11/2016 | 1 |

Ship To: CAS, Family Violence & Refugee
 HEALTH & HUMAN SERVICES COMMISSION
 909 W 45th St
 PO Box 12668
 Austin TX 78751
 United States

Vendor: 1760802397
 TEXAS PREGNANCY CARE NETWORK
 1101 S CAPITAL OF TEXAS HWY
 STE K250
 WEST LAKE HILLS TX 78730-5115

Bill To: Invoice-HHSC Accounting
 HEALTH & HUMAN SERVICES COMMISSION
 4900 N Lamar Blvd
 Austin TX 78751
 United States
 Phone: 512-424-6518
 Fax: 512-424-6901
 Email: HHSC_AP@hhsc.state.tx.us

Purchaser: Kessler, Autumn (PCS) 512.406.2563

| Line-Sch | Inventory Item ID - Line Description | Class-Item | Quantity UOM | PO Price | Extended Amt | Due Date |
|--------------------------------|--|------------------|--------------|---------------------|---------------------|------------|
| 1- 1 | Fulfill the terms of contract number 529-10-0013-00001E from dates 09/01/2015 through 02/29/2016 | 962-58 | 1.00 LOT | 3,050,000.00000 | 3,050,000.00 | 11/12/2015 |
| Schedule Total | | | | | <u>3,050,000.00</u> | |
| Contract ID: 529-10-0013-00001 | | Contract Line: 0 | Release: 8 | | | |
| Item Total for Line 1 | | | | <u>3,050,000.00</u> | | |
| 2- 1 | Fulfill the terms of contract number 529-10-0013-00001F from dates 09/01/2015 through 05/31/2016 | 952-01 | 1.00 LOT | 2,287,500.00000 | 2,287,500.00 | 03/16/2016 |
| Schedule Total | | | | | <u>2,287,500.00</u> | |
| Contract ID: 529-10-0013-00001 | | Contract Line: 0 | Release: 9 | | | |
| Item Total for Line 2 | | | | <u>2,287,500.00</u> | | |
| Total PO Amount | | | | | <u>5,337,500.00</u> | |

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Unauthorized